

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response...1

| SEC    | Use Only   |
|--------|------------|
| Prefix | Serial     |
| DAT    | E RECEIVED |

|   |  | ⊠ Rule 506                            | Section 4(6) UL  |
|---|--|---------------------------------------|--|
| A. BASIO  | A. BASIC IDENTIFICATION DATA    A. BASIC IDENTIFICATION DATA |                                       |  |
| 1. Enter the information requested about the issuer   |  |                                       | SOCT 0 8 2004 >  |
|   |  | d indicate change.)                   | 208 4  |
| Address of Executive Offices (Number of Street, 481 Carlisle Drive, Herndon, Virginia, 20170  | City, State, Zip Code)                                       |                                       |  |
| Address of Principal Business Operations (Number and St<br>if different from Executive Offices)   | reet, City, State, Zip C                                     | PROCESSE                              | none number (including area co                         |
| Brief Description of Business   |  | OCT 0 7 2004                          | 6  |
| near Estate investment  |  |                                       |  |
|   | = :  | FINANCIAN ot                          | ner (please specify):<br>nia limited liability company |
|   | Month  | Year                                  |  |
| Actual or Estimated Date of Incorporation or Organization   | o: 0 9 0   | <b>4</b> □ Ao                         | tual 🛛 Estimated                                       |
|   |  | ice abbreviation for St               | ate:   |
|   |  |                                       | $\overline{}$  |
| GENERAL INSTRUCTIONS  |  |                                       |  |
| Federal:  |  | 1 70                                  | 1 · · · · · · · · · · · · · · · · · · ·                |
| <i>Who Must File:</i> All issuers making an offering of secur<br>230.501, et seq., or 15 U.S.C. 77d(6).   | ities in reliance on an                                      | exemption under Re                    | gulation D or Section 4(6), 17                         |
| When To File: A notice must be filed no later than 15 days  |  |                                       | 5  |
|   |  | · · · · · · · · · · · · · · · · · · · |  |
| address.  |  | -                                     | -  |
|   |  |                                       |  |
|   |  |                                       | ing organou. They copies not man                       |
| -   | <u>-</u>   |                                       |  |
|   |  | terrar changes from th                | e mormation previously suppl                           |
| State:  |  |                                       |  |
| This notice shall be used to indicate reliance on the Uni<br>that have adopted ULOE and that have adopted this fo<br>Administrator in each state where sales are to be, or ha | orm. Issuers relying o                                       | on ULOE must file a                   | separate notice with the Secu                          |

claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in

Potential persons who are to respond to the collection of information contained in this form

such exemption is predicated upon the filing of a federal notice.

accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers

| - Each general and                                   | managing partin  | or partificionip issuers.  |                             |                 |                                 |
|--|------------------|----------------------------|-----------------------------|-----------------|---------------------------------|
| Check Box(es) that Apply:                            | ☑ Promoter       | Beneficial Owner           | Executive Officer           | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first                           | if individual)   | nk                         |                             |                 |                                 |
| SugarOak Fund Mana                                   |                  |                            |                             |                 |                                 |
| Business or Residence Addr                           | ess (Number an   | d Street, City, State, Zip | Code)                       |                 |                                 |
| 481 Carlisle Drive, He                               |                  | -                          |                             |                 |                                 |
| Check Box(es) that Apply:                            | ☑ Promoter       | ☐ Beneficial Owner         | ☐ Executive Officer         | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first<br>Sugar Oak Holdings,    |                  |                            | :                           |                 |                                 |
| Business or Residence Addr<br>481 Carlisle Drive, He |                  |                            | Code)                       |                 |                                 |
| Check Box(es) that Apply:                            | ☐ Promoter       | ☐ Beneficial Owner         | ☑ Executive Officer         | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first<br>Dan Baker              | , if individual) |                            | 1                           | ,               |                                 |
| Business or Residence Addr<br>481 Carlisle Drive, He |                  |                            | Code)                       |                 |                                 |
| Check Box(es) that Apply:                            | ☐ Promoter       | ☐ Beneficial Owner         | ☐ Executive Officer         | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first                           | , if individual) |                            |                             |                 |                                 |
| Business or Residence Addi                           | ess (Number an   | d Street, City, State, Zip | Code)                       |                 |                                 |
|  |                  |                            |                             |                 |                                 |
| Check Box(es) that Apply:                            | ☐ Promoter       | ☐ Beneficial Owner         | ☐ Executive Officer         | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first                           | , if individual) | 4-40-40-4                  |                             |                 |                                 |
|  |                  |                            |                             |                 |                                 |
| Business or Residence Addi                           | ress (Number an  | d Street, City, State, Zip | Code)                       |                 |                                 |
| Check Box(es) that Apply:                            | ☐ Promoter       | ☐ Beneficial Owner         | Executive Officer           | ☐ Director      | General and/or Managing Partner |
| Full Name (Last name first                           | , if individual) |                            |                             |                 |                                 |
| Business or Residence Add                            | ress (Number an  | d Street, City, State, Zip | Code)                       |                 |                                 |
| Check Box(es) that Apply:                            | ☐ Promoter       | Beneficial Owner           | ☐ Executive Officer         | ☐ Director      | General and/or Managing Partner |
|  | (Use blank sh    | eet, or copy and use addi  | tional copies of this sheet | . as necessary) | -                               |

|   |   |                                   |   | B. IN                                    | NFORMA  | TION A                                 | BOUT C              | FFERIN                   | 1G                           |                           |                          |                            |
|---|---|-----------------------------------|---|--|---|--|---------------------|--------------------------|------------------------------|---------------------------|--------------------------|----------------------------|
| На  | s the issue   | r sold, or do                     | pes the issu                                |  | to sell, to n   |  |                     |                          |                              |                           | Yes                      | No                         |
| . Wł                                      | What is the minimum investment that will be accepted from any individual? |                                   |   |  |   |  |                     |                          |                              |                           |                          | <u>00</u>                  |
| *Is<br>3. Do                              | suer may a  | accept less                       | than the r                                  | ninimum<br>ership of a                   | single unit   | ?                                      | 1                   |                          |                              |                           | Yes<br>⊠                 | No<br>□                    |
|   |   |                                   |   |  |   |  |                     |                          |                              |                           |                          |                            |
| similar<br>issociat<br>f more<br>or deale | remunerat<br>ted person o   | ion for solor agent of 5) persons | icitation of<br>a broker of<br>to be listed | f purchase<br>r dealer re<br>l are assoc | erson who<br>ers in conne<br>egistered wi<br>ciated perso | ection with<br>th the SEC              | sales of sand/or wi | securities<br>th a state | in the offer<br>or states, l | ring. If a<br>ist the nam | person to<br>e of the bi | be listed i<br>roker or de |
|   |   |                                   |   |  |   |  | Į.                  |                          |                              |                           |                          |                            |
| Busines                                   | s or Reside   | nce Addres                        | ss (Number                                  | r and Stre                               | et, City, Sta   | ate, Zip Coo                           | de)                 |                          |                              |                           |                          | - HUSV.                    |
| Vame o                                    | f Associate   | d Broker o                        | r Dealer                                    |  |   |  |                     |                          |                              |                           |                          | *****                      |
|   |   |                                   |   |  | tends to Sol  |  |                     |                          | ,,,,                         |                           | 🗆                        | All States                 |
| AL]                                       | [AK]  | [AZ]                              | [AR]  | [CA]                                     | [CO]  | [CT]                                   | [DE]                | [DC]                     | [FL]                         | [GA]                      | [HI]                     | [ID]                       |
| [L]                                       | [IN]  | [IA]                              | [KS]  | [KY                                      | [LA]  | [ME]                                   | [MD]                | [MA]                     | [MI]                         | [MN]                      | [MS]                     | [MO]                       |
| MT]                                       | [NE]  | [NV]                              | [NH]  | [NJ]                                     | [NM]  | [NY]                                   | [NC]                | [ND]                     | [OH]                         | [OK]                      | [OR]                     | [PA]                       |
| RI]                                       | [SC]  | [SD]                              | [TN]  | [TX]                                     | [UT]  | [VT]                                   | [VA]                | [WA]                     | [WV]                         | [WI]                      | [WY]                     | [PR]                       |
|   | ss or Reside  |                                   |   | r and Stre                               | et, City, Sta   | ate, Zip Coo                           | de)                 |                          |                              |                           |                          |                            |
|   |   |                                   |   |  | tends to Sol  |  |                     |                          |                              |                           | 🗆                        | All States                 |
| AL]                                       | [AK]  | [AZ]                              | [AR]  | [CA]                                     | [CO]  | [CT]                                   | [DE]                | [DC]                     | [FL]                         | [GA]                      | [HI]                     | [ID]                       |
| L]  | [IN]  | [IA]                              | [KS]  | [KY]                                     | [LA]  | [ME]                                   | [MD]                | [MA]                     | [MI]                         | [MN]                      | [MS]                     | [MO]                       |
| MT]                                       | [NE]  | [NV]                              | [NH]  | [NJ]                                     | [NM]  | [NY]                                   | [NC]                | [ND]                     | [OH]                         | [OK]                      | [OR]                     | [PA]                       |
| RI]                                       | [SC]  | [SD]                              | [TN]  | [TX]                                     | [UT]  | [VT]                                   | [VA]                | [WA]                     | [WV]                         | [WI]                      | [WY]                     | [PR]                       |
| ull Na                                    | ıme (Last n   | ame first, i                      | if individua                                | al)                                      |   |  |                     | <del></del> -            |                              | <del></del> ·             | ,                        |                            |
| 3usine:                                   | ss or Reside  | ence Addre                        | ss (Numbe                                   | r and Stre                               | et, City, Sta   | ate, Zip Co                            | de)                 | JT ***                   |                              |                           |                          | - WE-15 05                 |
| Jame o                                    | of Associate  | d Broker o                        | r Dealer                                    |  |   | ************************************** |                     | want w                   |                              |                           |                          | HR                         |
|   |   |                                   |   |  | tends to Sol  |  |                     |                          |                              |                           | 🗆                        | All States                 |
| (C  | [AK]  | [AZ]                              | [AR]  | [CA]                                     | [CO]  | [CT]                                   | [DE]                | [DC]                     | [FL]                         | [GA]                      | [HI]                     | [ID]                       |
|   | [VIIV]  |                                   |   |  |   |  |                     | Fr. 4 . 3                | (n.er)                       | (a.caz)                   | [2.60]                   | Fa 3                       |
| AL]                                       | [IN]  | [IA]                              | [KS]  | [KY]                                     | [LA]  | [ME]                                   | [MD]                | [MA]                     | [MI]                         | [MN]                      | [MS]                     | [MO]                       |
| [AL]<br>[IL]<br>[MT]                      |   | [IA]<br>[NV]                      | [KS]<br>[NH]                                | [KY]<br>[NJ]                             | [LA]<br>[NM]  | [ME]<br>[NY]                           | [MD]                | [MA]<br>[ND]             | [OH]                         | [OK]                      | [MS]                     | [MO]<br>[PA]               |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the column securities offered for exchange and already exchanged.  |                    |         |                                       |
|----|--|--------------------|---------|---------------------------------------|
|    | Agg  | regate<br>ng Price | An      | ount Already<br>Sold                  |
|    | Debt\$ 0   | ı                  | \$      | 0                                     |
|    | Equity\$ 0   | Į                  | \$      | 0                                     |
|    | ☐ Common ☐ Preferred   |                    | ·       |                                       |
|    | Convertible Securities (including warrants)  | ı                  | \$      | 0                                     |
|    | Partnership Interests  | ı                  | \$      | 0                                     |
|    | Other (LLC Membership Interests) \$ 20   | ,000,000           | \$      | 0                                     |
|    | Total\$ 20   | ,000,000           | \$      | 0                                     |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                    |         |                                       |
| 2. |  | mber<br>stors      | Do      | Aggregate<br>llar Amount<br>Purchases |
|    | Accredited Investors.  | 2                  | \$      | 250,000                               |
|    | Non-accredited Investors.  | 0                  | \$      | 0                                     |
|    | Total (for filings under Rule 504 only)  |                    | \$_     |                                       |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                    | . –     |                                       |
| 3. | all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                    |         |                                       |
|    | Type of Offering Secu  |                    | Do      | llar Amount<br>Sold                   |
|    | Rule 505   | <b>,</b>           | \$      |                                       |
|    | Regulation A.  |                    | \$      |                                       |
|    | Rule 504.  |                    | \$      |                                       |
|    |  |                    | Ψ_<br>Φ |                                       |
|    | Total  |                    | Φ_      | ·                                     |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the sec<br>this offering. Exclude amounts relating solely to organization expenses of the issuer. The infor<br>given as subject to future contingencies. If the amount of an expenditures is not known, furnish<br>and check the box to the left of the estimate. | rmation may be     | Э       |                                       |
|    | Transfer Agent's Fees  |                    | \$      | 0                                     |
|    | Printing and Engraving Costs   |                    | \$      | 20,000                                |
|    | Legal Fees   |                    | \$      | 60,000                                |
|    | Accounting Fees.   |                    | \$      | 0                                     |
|    | Engineering Fees   |                    | \$      | 0                                     |
|    | Sales Commission (specify finders' fees separately).   | 🛛                  | \$      | 0                                     |
|    | Other Expenses (miscellaneous offering expenses)   |                    | \$      | 320,000                               |
|    | Total  | 🖾                  | \$      |                                       |

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

| 19.        | b. Enter the difference between the aggregate offering price given in response to Part (600,000  | C - ( | )uest  | ion 1         |      | \$          | i    |                 |             |
|------------|--|-------|--------|---------------|------|-------------|------|-----------------|-------------|
|            | and total expenses furnished in response to Part C - Question 4.a. This difference gross proceeds to the issuer."  | is tl | ie "ad | ljuste:       | d    |             |      |                 |             |
| 5.         | Indicate below the amount of the adjusted gross proceeds to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish an excheck the box to the left of the estimate. The total of payments listed must equal the acproceeds to the issuer set forth in response to Part C - Question 4.b. above. | stim  | ate a  | ınd           | or   |             |      |                 |             |
|            |  | Pa    | iyme:  | nts to        |      |             |      |                 |             |
|            |  |       | Office | ers,<br>ors & |      |             |      |                 | Ρ           |
|            |  |       |        | es .          |      | r           | •    | ients T<br>hers | 0           |
|            |  | -     |        |               |      |             |      |                 |             |
|            | Salaries and fees.   | \$    | 294    | 1,000         | )    | $\boxtimes$ | \$   | 0               |             |
|            | _  |       |        | -             |      |             | *    |                 |             |
| <b>.</b> . | Purchase of real estate.   | \$    | 0      |               |      | $\boxtimes$ |      |                 |             |
| <b>\$1</b> | 5,582,000  |       |        |               |      |             |      |                 |             |
| \$         | Purchase, rental, or leasing and installation of machinery and equipment  O  | ×     | ]      |               | \$   | 0           |      |                 | $\boxtimes$ |
| \$         | Construction or leasing of plant buildings and facilities  O   | ×     | }      |               | \$   | 0           |      |                 | $\boxtimes$ |
|            | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer   |       |        |               |      |             |      |                 |             |
|            | pursuant to a merger)  | \$    | 0      | j             |      | $\boxtimes$ | \$   | 0               |             |
|            | Repayment of indebtedness.   | \$    | 0      | ı             |      | $\boxtimes$ | \$   | 0               |             |
|            | Working capital.   | \$    | 0      | J             |      | $\boxtimes$ | \$   |                 |             |
|            | Other (specify): acquisition and transaction costs, closing costs, and loan fees, reserves  \$\infty\$ \$ 3,724,000  | _ 🗵   | 3      |               | \$   | 0           |      |                 |             |
|            | Column Totals.   | \$    | 29     | 4,000         | 0    | $\boxtimes$ |      |                 |             |
| \$1        | 9,306,000  | ·     |        | •             |      | _           |      |                 |             |
|            | Total Payments Listed (column totals added)  |       | D      | ₫ \$          | 19,  | 600         | ,00  | 10              |             |
|            | D. FEDERAL SIGNATURE   |       |        |               |      |             |      | <del>.</del> .  | <del></del> |
|            | D. FEDERAL SIGNATURE   |       |        |               |      |             |      |                 |             |
| The        | e issuer has duly caused this notice to be signed by the undersigned duly authorized per   | son   | . If t | his no        | tice | is file     | ed u | nder F          | Rule        |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U. S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (print or type)                            | Signature  | Date  |
|---|--|---|
| SugarOak Acquisition and Revitalization Fund, LLC | QR.  | 10-5.04   |
| Name of Signer (print or type)  Dan Baker         | Title of Signer (print or type) Chairman of the Board of Fund Management, LLC, | SugarOak Holdings, Inc., Manager of Manager of the Issuer |

| E. | ST/ | TE | CI | CNA | THRE |
|----|-----|----|----|-----|------|
|    |     |    |    |     |      |

| 1. | Is any party described in 17 CFR 230.252 presently subject to any of the disqualification provisions of such rule? | Yes<br>⊠ | No |
|----|--|----------|----|
|    |  |          |    |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrators of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such time as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this information and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized persons.

| Issuer (print or type)                               | Signature                       | Date                               |
|--|---------------------------------|------------------------------------|
| SugarOak Acquisition and<br>Revitalization Fund, LLC | 2 CL                            | 10-5-04                            |
| Name of Signer (print or type)                       | Title of Signer (print or type) |                                    |
| Dan Baker  | Chairman of the Board of S      | ugarOak Holdings, Inc., Manager of |
|  | Fund Management, LLC, Ma        | anager of the Issuer               |

#### Instruction:

Print the name and title of the signing representative under this signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX

| Intend to sell one nor accretish generalize offering agreement of the property | 1     |  | 2                                     | 3   |            | . 4  |                    |              |                                   | 5  |  |  |
|--|-------|--|---------------------------------------|---|------------|--|--------------------|--------------|-----------------------------------|----|--|--|
| Number of   Number of   Non   Accredited   Amount   Amount   Yes   No  |       | accre<br>inves                                   | non-<br>edited<br>tors in<br>(Part B- | aggregate offering<br>price offered in state<br>(Part C-Item 1) |            | amount purchased in State                        |                    |              | (if yes, attach explanation of wa |    |  |  |
| AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID  IL  IN  IA  KS  KS  KY  LA  ME  MD  MA  MI  MI  MN  MS   | State | Yes  | No                                    | Membership<br>Interest Units                                    | Accredited |  | Non-<br>Accredited | Amount       | Yes                               | No |  |  |
| AZ AR CA CO CO CT DE DE DC FL GA HI ID IL IN IA KS IGY LA ME MD MA MI MM MM MS   | AL    |  |                                       |   |            | :  |                    |              |                                   |    |  |  |
| AR CA CO CO CT DE DE DC FL GA HI II   | AK    |  |                                       |   |            |  |                    |              |                                   | -  |  |  |
| CA CO CT   | AZ    |  |                                       |   |            | 1  | <del></del>        |              |                                   |    |  |  |
| CO   | AR    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| CT         DE           DC         FL           GA         HI           ID         IL           IN         IA           KS         KS           KY         IA           ME         MD           MA         MI           MN         MS  | CA    |  |                                       |   |            | 1  |                    |              |                                   |    |  |  |
| DE DC FL GA  | СО    |  |                                       |   | <u> </u>   | -  |                    |              |                                   |    |  |  |
| DC FI GA HI ID ID IL IN IA KS KY LA ME MD MA MI MN MS  | CT    |  |                                       |   | ,          | ;  |                    |              |                                   |    |  |  |
| FL GA  | DE    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| GA   | DC    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| HI ID IID IIL IIN IIA IIA IIA IIA IIA IIA IIA IIA IIA  | FL    | _  |                                       |   |            |  |                    |              |                                   |    |  |  |
| ID  IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS   | GA    |  |                                       |   |            | :  |                    |              |                                   |    |  |  |
| IL   | HI    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS   | ID    |  |                                       |   |            | <u> </u>   |                    |              |                                   |    |  |  |
| IN IA KS KY LA ME MD MA MI MN MS   | IL    | <del>  -</del>                                   |                                       |   |            | <del>                                     </del> |                    |              |                                   |    |  |  |
| KS         KY           LA         ME           MD         MA           MA         MI           MN         MS  | IN    |  |                                       |   |            | 1 1  |                    |              | <u> </u>                          |    |  |  |
| KY       LA         LA       ME         ME       MD         MA       MI         MI       MN         MS       MS  | IA    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| KY       LA         LA       Image: Control of the   | KS    |  |                                       |   |            | 1  |                    |              |                                   |    |  |  |
| LA       ME         ME       MD         MD       MA         MA       MI         MI       MN         MS       MS  | KY    | <del>                                     </del> |                                       |   |            |  |                    |              | <u> </u>                          |    |  |  |
| MD   | LA    | <del>                                     </del> |                                       |   |            | <del></del>                                      |                    |              |                                   |    |  |  |
| MD   | ME    |  |                                       |   |            |  |                    | <del> </del> |                                   |    |  |  |
| MI MN MS   | MD    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| MI   | MA    | 1  |                                       |   |            | :  |                    |              |                                   |    |  |  |
| MS   | MI    | <del> </del>                                     |                                       |   |            |  |                    |              |                                   |    |  |  |
|  | MN    |  |                                       |   |            |  |                    |              |                                   |    |  |  |
| MO HOLLEN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T | MS    | <u> </u>   |                                       |   |            |  |                    | -            |                                   |    |  |  |
|  | МО    |  |                                       | <del> </del>  |            |  |                    |              |                                   |    |  |  |

### APPENDIX

| 1           | 2        |   | 3   | 5<br>Disqualification                 |           |                             |        |             |              |
|-------------|----------|---|---|---------------------------------------|-----------|-----------------------------|--------|-------------|--------------|
|             | to non-  | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of investor and example (Part C-Item 2)  amount purchased in State (Part C-Item 2) |                                       |           | amount purchased in State   |        |             |              |
| G           | 37       | 3.7   | \$20,000,000 in LLC<br>Membership<br>Interest Units   | Number of<br>Accredited               |           | Number of<br>Non-Accredited |        | 37          |              |
| State<br>MT | Yes      | No  | ("Units")   | Investors                             | Amount    | Investors                   | Amount | Yes         | No           |
| NE          |          |   |   |                                       | :         |                             |        |             |              |
| NV          |          |   |   |                                       |           |                             |        | <del></del> | <del> </del> |
| NH          | ===      |   |   |                                       |           |                             |        |             |              |
| NJ          |          |   |   |                                       |           |                             |        |             |              |
|             |          |   |   |                                       | :         |                             |        | <b></b>     |              |
| NM          |          |   |   |                                       | ,         |                             |        |             |              |
| NY          |          |   |   |                                       |           |                             |        |             |              |
| NC          |          |   |   | <u> </u>                              |           |                             |        |             |              |
| ND          |          |   |   |                                       |           |                             |        |             |              |
| OH          |          |   |   | · · · · · · · · · · · · · · · · · · · |           |                             |        |             |              |
| OK          |          |   |   |                                       |           |                             |        |             |              |
| OR          |          |   |   |                                       |           |                             |        |             |              |
| PA          |          |   |   |                                       | :         |                             |        | <u> </u>    |              |
| RI          |          |   |   | <del></del>                           |           |                             |        | -           |              |
| sc          |          |   |   |                                       |           |                             |        |             |              |
| SD          |          |   |   |                                       | ,         |                             |        |             | ļ            |
| TN          | <u> </u> |   |   |                                       |           |                             |        | <u> </u>    |              |
| TX          |          |   |   |                                       |           |                             |        |             |              |
|             |          |   |   |                                       |           |                             |        |             |              |
| UT          | ļ        |   |   |                                       |           |                             |        |             |              |
| VT          |          |   |   |                                       |           |                             |        |             |              |
| VA          |          | Х   | \$20,000,000 in Units   | 2                                     | \$250,000 | 0                           |        |             | X            |
| WA          |          |   |   |                                       |           |                             |        |             |              |
| WV          |          |   |   |                                       |           |                             |        |             |              |
| WI          |          |   |   |                                       | !         |                             |        |             |              |
| WY          | -        |   |   |                                       |           | -                           |        |             |              |
| PR          |          |   |   |                                       |           |                             |        |             |              |
|             |          | l   |   |                                       |           |                             | l      |             | 1            |